

* To be supported with VFC purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC.

Comprehensive Certification Form for American Indians and Alaska Natives

This form may be substituted for individual VFC screening records when 100% of the persons to be immunized at this facility are American Indians or Alaska Natives.

Provider enrollment and Provider Profile forms for this practice must be on file with the State Health Department or public health agency of record. Certification must be re-issued annually when provider profile is submitted.

Date: _____

Facility Name: _____

Address: _____
(Street)

City State Zip Code

Telephone: () _____ Fax: () _____

E-mail: _____

Authorizing Official: _____
(Please Print the Authorizing Officials Name) (Signature of Authorizing Official)

Retain a copy of this form at your facility and send the original to the State Health Department or state public health agency of record.